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FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

RECEIVED

2016 JUN 24 AM 10: 59

FEC FORM 1

(Revised 06/2012)

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, typover the lines.	pe 12FE4M	15
2,2,1,4,4,4,6) _C 1, ETY , DF	A, C, C, O, D, T, A,	NTS PA	<u>C </u>
ADDRESS (number and street)	11330 BRAD	100ck 6r4	CE.,,,	
	(SU, 1, T, E, 15,4,0	<u> </u>		
	EXANDRI	Α	STATE A	223,1,4] ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)				
	Optional Second E-Mail Ad	ddress		,
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)	 		· · · · · · · · · · · · · · · · · · ·
2. DATE (56) 2.5	5) (20.16)		_	
3. FEC IDENTIFICATION NU	JMBER ▶ C	001.29.1.89		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED ((A)	
I certify that I have examined th	is Statement and to the bes	t of my knowledge and be	elief it is true, corre	ct and complete.
Type or Print Name of Treasurer	<u>Ephrai</u>	n Vega		
Signature of Treasurer	Sphain V	ye.	Date b	6/20/2016
NOTE: Submission of false, errone	cous, or incomplete information			to the penalties of 52 U.S.C. §30109 YS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	ı	FEC FO	rm 1 (Hevised 02/2009)
5.	TYPE	OF C	COMMITTEE
	Can	didate	e Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Cand		
	Cand Party	lidate Affiliati	on Office State Osenate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Cand		
	Part	y Con	nmittee:
	(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
	Polit	tical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	t Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	
		4.	

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	FEC Form 1 (Revised Vrite or Type Committee Nam		Page 3
٧	L'ATOMAL CO	CIETY OF ACCOUNTANTS PAC	
 6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	erehin PAC Sponsor
0.	Name of Any Connected	Organization, Anniated Committee, Joint Fundraising Representative, or Lead	ership FAC Sponsor
L	<u> </u>		
L			
	Mailing Address		1
		CITY STATE	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name		
	Mailing Address		<u> </u>
		<u> </u>	
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	
8.	Treasurer: List the name as any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name of Treasurer	RAIM, VEGA	
	Mailing Address	NATIONAL SOCIETY, OF ACCOUN	TANTS
		11.3.30 BRADDOCK PLACE SUITE	540
	•		314-
	Title or Position	CITY STATE	ZIP CODE
	DIRECTOR	OF FINANCE Telephone number 703-	<u>15,4,91-16,4,0,0</u>

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Tele	phone number	
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		e committee deposits fi	unds, holds accounts, rents
بينا ٠			
Mailing Address		1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.	,, , , , , , , , , , , , , , , , , , , ,	
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE





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Federal Electro, Comission 999 E Street NW Washington, DC 20463

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Next Busines	s Day Delivery
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Received from Senate Public Records Office	Date of Receipt
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PREPARER (3/2015)	6/24/16 DATE PREPARED
(5/2010)	